

SUPPORTING STATEMENT

Part A

**Voluntary Customer Survey Generic Clearance
for the Agency for Healthcare Research and Quality
OMB No. 0935-0106**

Version 12/10/2010

Agency of Healthcare Research and Quality (AHRQ)

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A. Justification

1. Circumstances that make the collection of information necessary

The mission of the Agency for Healthcare Research and Quality (AHRQ) set out in its authorizing legislation, The Healthcare Research and Quality Act of 1999 (see Attachment A), is to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health systems practices, including the prevention of diseases and other health conditions. AHRQ shall promote health care quality improvement by conducting and supporting:

1. research that develops and presents scientific evidence regarding all aspects of health care; and
2. the synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and
3. initiatives to advance private and public efforts to improve health care quality.

Also, AHRQ shall conduct and support research and evaluations, and support demonstration projects, with respect to (A) the delivery of health care in inner-city areas, and in rural areas (including frontier areas); and (B) health care for priority populations, which shall include (1) low-income groups, (2) minority groups, (3) women, (4) children, (5) the elderly, and (6) individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.

Executive Order 12862 directs agencies that "provide significant services directly to the public" to "survey customers to determine the kind and quality of services they want and their level of satisfaction with existing services." This is a request for the Office of Management and Budget (OMB) to re-approve for an additional 3 years, under the Paperwork Reduction Act of 1995, the generic clearance for the Agency for Healthcare Research and Quality (AHRQ) to survey the users of AHRQ's work products and services.

Customer surveys will be undertaken by AHRQ to assess its work products and services provided to its customers, to identify problem areas, and to determine how they can be improved. Surveys conducted under this generic clearance are not required by regulation and will not be used by AHRQ to regulate or sanction its customers. Surveys will be entirely voluntary, and information provided by respondents will be combined and summarized so that no individually identifiable information will be released. Proposed information collections submitted under this generic clearance will be reviewed and acted upon by OMB within 14 days of submission to OMB. See Attachment B for examples of current and past surveys conducted under this generic clearance.

In accordance with OMB guidelines for generic clearances for voluntary customer surveys and Executive Order 12862, AHRQ: (1) has established an independent review process to assure the development, implementation, and analysis of high quality customer surveys within AHRQ; (2) AHRQ will submit mini supporting statements to OMB via the standard approval process for Generic Information Collections.

2. Purpose and Use of Information

The information collected through focus groups and voluntary customer surveys will be used by AHRQ to identify strengths and weaknesses in products and services to make improvements that are practical and feasible. Information from these customer surveys will be used to plan and redirect resources and efforts to improve or maintain a high quality of service to the lay and health professional public.

3. Use of Improved Information Technology

Improved electronic technology (e.g., AHRQ Web-based materials) will be used whenever possible to reduce the burden on the public. In some instances, however, the most appropriate methodology will involve written or oral responses to brief questionnaires, interviews and focus groups.

4. Efforts to Identify Duplication

Each survey will be designed to reflect the specifics of the customer population served. During the development of these voluntary instruments, numerous groups within and outside of AHRQ will be consulted. Plans to conduct surveys will be reviewed prior to implementation, and any potential duplication will be identified in the review and approval process.

5. Involvement of Small Entities

The survey instruments and procedures for completing the instruments will be designed to minimize burden on all respondents and will not have a significant impact on small businesses or other small entities. The burden is entirely voluntary.

6. Consequences if Information Collected Less Frequently

These surveys are appropriate vehicles to examine public perception of AHRQ's ability to respond timely to the needs of their customers. Much of AHRQ's work is rapid-cycle and demand-driven. Collection of data on a less frequent basis would reduce the practical utility of the information as well as inhibit the ability of AHRQ to identify and monitor problems and to make changes to improve products and services.

7. Special Circumstances

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d)(2). No special circumstances apply.

8. Federal Register Notice and Outside Consultations

8.a. Federal Register Notice

As required by 5 CFR 1320.8(d), notice was published in the Federal Register on January 25th, 2011 for 60 days (see Attachment C). No comments were received.

8.b. Outside Consultations

AHRQ will consult with in-house statistical staff, other Federal agencies, and other organizations, which have conducted, or may conduct, similar surveys to identify areas of interest and concern to customers. As appropriate, AHRQ will establish panels of outside experts to assist in design and implementation of the surveys.

9. Payments/Gifts to Respondents

AHRQ will, on a case-by-case basis, consider modest remuneration for survey respondents and focus group participant’s time and travel. Incentives are not typically required in a customer service context, however when they are needed, AHRQ will justify the need for an incentive in its mini supporting statement. Incentives for focus groups will not exceed the government-wide standard of \$75 for a 90 minute focus group or \$40 for one-on-one interviews. AHRQ may ask for a higher amount for hard to reach populations.

10. Assurance of Confidentiality

Individuals and organizations will be assured of the confidentiality of their replies under Section 934(c) of the Public Health Service Act, 42 USC 299c-3(c). They will be told the purposes for which the information is collected and that, in accordance with this statute, any identifiable information about them will not be used or disclosed for any other purpose.

11. Questions of a Sensitive Nature

No questions of a sensitive nature are anticipated under this generic clearance.

12. Estimates of Burden Hours and Costs Over 3 Years

Exhibit 1 shows the estimated total burden hours for the respondents. Mail surveys are estimated to average 15 minutes, telephone surveys 40 minutes, web-based surveys 10 minutes, focus groups two hours, and in-person interviews are estimated to average 50 minutes. Mail surveys may also be sent to respondents via email, and may include a telephone non-response follow-up. Telephone non-response follow-up for mailed surveys does not count as a telephone survey. The total burden hours for the 3 years of the clearance is estimated to be 10,150 hours.

Exhibit 2 shows the estimated cost burden for the respondents. The total cost burden for the 3 years of the clearance is estimated to be \$340,127.

Exhibit 1. Estimated burden hours over 3 years

Type of Information Collection	Number of	Number of	Hours per	Total
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	Respondents	responses per respondent	response	Burden hours
Mail/email*	15,000	1	15/60	3,750
Telephone	600	1	40/60	400
Web-based	15,000	1	10/60	2,500
Focus Groups	1,500	1	2.0	3,000
In-person	600	1	50/60	500
Total	32,700	na	na	10,150

*May include telephone non-response follow-up in which case the burden will not change

Exhibit 2. Estimated cost burden over 3 years

Type of Information Collection	Number of Respondents	Total Burden hours	Average Hourly Wage Rate *	Total Cost Burden
Mail/email	15,000	3,750	\$33.51	\$125,663
Telephone	600	400	\$33.51	\$13,404
Web-based	15,000	2,500	\$33.51	\$83,775
Focus Groups	1,500	3,000	\$33.51	\$100,530
In-person	600	500	\$33.51	\$16,755
Total	32,700	10,150	\$33.51	\$340,127

*Based upon the average wages for 29-000 (Healthcare Practitioner and Technical Occupations), "National Compensation Survey: Occupational Wages in the United States, May 2009," U.S. Department of Labor, Bureau of Labor Statistics.

13. Estimates of Annualized Respondent Capital and Maintenance Costs

Capital and maintenance costs include the purchase of equipment, computers or computer software or services, or storage facilities for records, as a result of complying with this data collection. There are no direct costs to respondents other than their time to participate in the study.

14. Estimates of Annualized Cost to the Government

Information collections conducted under this generic clearance will in some cases be carried out under contract. Assuming the contract cost per survey are \$50,000 - \$100,000, and for each focus group are \$20,000, total contract costs could run \$ 720,000 per year.

15. Changes in Hour Burden

The total number of burden hours for the three years of this clearance has been reduced from 66,354 hours in the previous clearance to 10,150 hours.

16. Time Schedule, Publication and Analysis Plans

The purposes of these surveys are to identify problems areas, determine their magnitude and scope, and develop a plan to correct them. It is also the purpose of these surveys to identify successes to learn how they succeeded and how those lessons can be applied to other AHRQ efforts. The analyses will be descriptive and, to the extent that they can, inferential and generalizable. The results of these findings are primarily for internal use but may be shared with key government policy and management officials, AHRQ staff, public and private health providers, and members of the general public.

For the types of surveys described earlier, the following analyses would be appropriate:

- a. Mail/email and telephone surveys: Basic descriptive analyses are expected for these types of surveys. Probability samples will be selected for these surveys so the opportunity exists for some generalizations to the population.
- b. Web-based: electronic technology will be used for this survey. It will be mounted on the website for voluntary response as an electronic evaluation form. In addition to summarizing responses to questions, basic demographic information will be collected and summarized.
- c. Focus groups and in-person interviews: Participants will be selected purposively, so that no generalizations to the population will be possible. Focus groups will be used to identify problems and issues for further study and, in some instances, "brainstorm" for possible solutions. The analyses will be qualitative and consist mostly of narrative summaries of the discussions. In-person interviews will be semi-structured and their analysis will be qualitative and consist mostly of summaries of the interviews.

17. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.

List of Attachments:

Attachment A – Healthcare Research and Quality Act of 1999

Attachment B – Examples

Attachment C – Federal Register Notice